

## FP - Family Planning

### **FP-AP      ANATOMY AND PHYSIOLOGY**

**OUTCOME:** The patient will have a basic understanding of anatomy and physiology and its relationship to reproduction.

**STANDARDS:**

1. Identify and explain the functions of the reproductive system.
2. Discuss the menstrual cycle.
3. Discuss conception vs. contraception.

### **FP-DIA      DIAPHRAGM**

**OUTCOME:** The patient will understand the safe and effective use of a diaphragm.

**STANDARDS:**

1. Discuss the method of insertion. Emphasize the use of spermicide. Discuss the amount of time the diaphragm must be left in place.
2. Emphasize that the diaphragm must be used each time intercourse takes place.
3. Emphasize that the diaphragm must be refitted if there is a 10 pound weight loss or gain, and after childbirth.
4. Explain that a diaphragm can prevent pregnancy, if used correctly, but does not reduce the risk of sexually transmitted infections.

### **FP-DPO      DEPOT MEDROXYPROGESTERONE INJECTIONS**

**OUTCOME:** The patient/family will understand risks, benefits, side effects, and effectiveness of depot medroxyprogesterone injections.

**STANDARDS:**

1. Explain the method of action and effectiveness of depot medroxyprogesterone. Discuss the method of administration and importance of receiving the medication as recommended (typically every 3 months).
2. Discuss the contraindications, risks, and side effects of the medication, including long term bone health and menstrual cycle disturbances.
3. Explain the need for follow up if pregnancy is suspected.
4. Explain that depot medroxyprogesterone can prevent pregnancy, if used correctly, but does not reduce the risk of sexually transmitted infections.

**FP-EC          EMERGENCY CONTRACEPTION (POST-COITAL)**

**OUTCOME:** The patient/family will understand risks, benefits side effects, safety, and effectiveness of Emergency Contraception.

**STANDARDS:**

1. Explain the methods of possible actions and effectiveness of Emergency Contraception.
2. Identify indications for use, such as, a potential candidate is a reproductive-age woman who has had unprotected sexual intercourse within 72 hours of presenting herself for medical care, independent of the time of the menstrual cycle. Most common reasons for seeking the treatment are failure of a barrier method or failure to use any method.
3. Discuss the safety: there are no contraindications to EC pill due to the small overall hormone dose and the short duration of use. (Some studies excluded women from participating if they had an absolute contraindication to taking oral contraceptives). EC has no adverse affect on a fetus, if taken inadvertently. EC may be used during breastfeeding without effect on milk quantity or quality.
4. Review side effects, and management:
  - a.      Levonorgestral-only regimen: Nausea occurs in approximately 23 percent of women and vomiting occurs in about 6 percent, usually limited to the first three days after treatment.
  - b.      Combined estrogen-progestin (Yuzpe) regimen: Nausea and vomiting occur in about 43 and 16 percent, usually limited to the first three days after treatment.
  - c.      Both side effects can be minimized by the use of anti-emetic pre-treatment.
  - d.      A small number of women may experience irregular bleeding or spotting after taking ECs, this is not their menses. Most women will have their menstrual period within one week before or after the expected time.
  - e.      Breast tenderness can occur after EC treatment.

**FP-FC          FOAM AND CONDOMS**

**OUTCOME:** The patient will have a basic understanding of the safe and effective use of foam and condoms.

**STANDARDS:**

1. Discuss proper use and application of foam and condoms. Emphasize the importance of use each time intercourse takes place.
2. Explain why condoms must be applied before penetration. Emphasize that the male must withdraw before erection subsides.

3. Advise concomitant use of spermicidal foam as recommended by the medical provider.
4. Discuss use of spermicidal suppositories and intravaginal films.
5. Discuss that condoms may possibly provide protection against STIs when properly used.
6. Discuss and demonstrate, where appropriate, the proper application, storage, and disposal.

**FP-FU FOLLOW-UP**

**OUTCOME:** The patient/family will understand the importance of follow-up for family planning issues.

**STANDARDS:**

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments and that follow-up appointments should be kept.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

**FP-IC IMPLANT CONTRACEPTION**

**OUTCOME:** The patient will understand the safe and effective use of implantable contraceptives.

**STANDARDS:**

1. Discuss and review all birth control methods with the patient.
2. Explain the insertion procedure and mechanism of action including duration of effectiveness.
3. Discuss contraindications, risks, and side effects, including the possibility of pregnancy.
4. Explain that implantable contraceptives can prevent pregnancy if used correctly, but do not reduce the risk of sexually transmitted infections
5. Stress the importance of yearly follow-up.

**FP-IR            INFORMATION AND REFERRAL**

**OUTCOME:** The patient/family will receive information and referral for alternative or additional services as needed or desired.

**STANDARDS:**

1. Provide the patient/family with alternative or additional sources for care and services.
2. Provide the patient/family with assistance in securing alternative or additional resources as needed.
3. Offer behavioral health follow-up as appropriate.

**FP-IUD            INTRAUTERINE DEVICE**

**OUTCOME:** The patient will understand the safe and effective use of the IUD.

**STANDARDS:**

1. Explain how IUDs work and that IUDs are more easily retained in multiparous vs. nulliparous women.
2. Emphasize the importance of monthly string checks.
3. Emphasize the importance of reporting abnormal vaginal discharge, fever, or pain with intercourse.
4. Discuss contraindications to placement of IUDs.
5. Explain that the IUD can prevent pregnancy, if used correctly, but does not reduce the risk of sexually transmitted infections
6. Explain that the copper IUD's need periodic replacement.

**NOTE:** IUDs may be UNAVAILABLE from time-to-time due to medicolegal reasons.

**FP-L                LITERATURE**

**OUTCOME:** The patient/family will receive literature about family planning.

**STANDARDS:**

1. Provide parent/family with literature on family planning.
2. Discuss the content of the literature.

**FP-MNT           MEDICAL NUTRITION THERAPY**

**OUTCOME:** The patient and family will understand the specific nutritional intervention(s) needed for family planning.

**STANDARDS:**

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
  - a. Assessment of the nutrition related condition.
  - b. Identification of the patient's nutritional problem.
  - c. Identification of the specific nutrition intervention therapy plan.
  - d. Evaluation of the patient's nutritional care outcomes.
  - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

**FP-MT      METHODS**

**OUTCOME:** The patient will receive information regarding the available methods of birth control.

**STANDARDS:**

1. Discuss the reliability of the various methods of birth control and how each method is used in preventing pregnancy.
2. Discuss contraindications, benefits, and potential costs of each method.

**FP-N      NUTRITION**

**OUTCOME:** The patient will understand the role of folic acid in the prevention of neural tube defects and the importance of a balanced diet.

**STANDARDS:**

1. Discuss the amount of folic acid required. Identify supplemental forms of folic acid. Examples foods rich in folic acid are pinto and navy beans, cold cereals, asparagus, raw spinach, romaine lettuce, broccoli, instant breakfast, etc.
2. Explain that to be maximally effective, folic acid should be given before conception.
3. Discuss the importance of a balanced diet. Refer to a registered dietitian for MNT as appropriate.

**FP-OC            ORAL CONTRACEPTIVES**

**OUTCOME:** The patient/family will understand the safe and effective use of oral contraceptives.

**STANDARDS:**

1. Discuss the medication name, the dosing instructions, actions, and the common side effects of prescribed oral contraceptives.
2. Discuss how to handle missed or delayed doses of oral contraceptives.
3. Discuss when condoms/barrier methods should be used as an additional precaution (initiation, obesity, missed doses, or drug/herbal interactions e.g., antibiotics, anti-epileptics, or other medications that reduce the effectiveness of the oral contraceptives).
4. Discuss the contraindications, risks, and signs/symptoms of complications.
5. Explain that oral contraceptives can prevent pregnancy if used correctly, but do not reduce the risk of sexually transmitted infections.
6. Explain the need for follow up if pregnancy is suspected or other menstrual cycle disturbances occur.

**FP-ST            STERILIZATION**

**OUTCOME:** In order to make an informed decision about irreversible contraception, the patient will receive information about sterilization.

**STANDARDS:**

1. Explain the risks and benefits of sterilization methods (e.g., bilateral tubal ligation, bilateral vasectomy), emphasizing that these are PERMANENT methods of contraception.
2. Review availability of other methods that can prevent or delay pregnancy as an option to permanent sterilization.
3. Explain the surgical procedure, including anesthesia (local or general), for the type of sterilization.
4. Discuss the possible side effects and risks: infection, pain, hemorrhage, and failure rate.
5. Explain that IHS and the state may have specific legal criteria that must be met in order to be eligible for sterilization. IHS does not authorize the reversals of permanent procedures.
6. Explain that sterilization can prevent pregnancy, but does not reduce the risk of sexually transmitted infections.

**FP-TD      TRANSDERMAL (PATCH)**

**OUTCOME:** The patient/family will understand the safe and effective use of transdermal contraception.

**STANDARDS:**

1. Discuss actions, benefits, and common side effects of transdermal contraception.
2. Discuss where the patch may be applied and the schedule of changing the patch and how to handle missed, delayed, or misplaced patches.
3. Discuss when condom/barriers should be used as an additional precaution (initiation, obesity, missed doses, or drug/herbal interactions e.g., antibiotics, anti-epileptics, or other medications that reduce the effectiveness of the patch).
4. Discuss the contraindications, risks, and signs/symptoms of complications.
5. Explain the need for follow up if pregnancy is suspected or other menstrual cycle disturbances occur.
6. Explain that transdermal contraception can prevent pregnancy, if used correctly, but does not reduce the risk of sexually transmitted infections.

**FP-TE      TESTS**

**OUTCOME:** The patient/family will understand the test(s) to be performed, the potential risks, expected benefits, and the risks of non-testing.

**STANDARDS:**

1. Explain test(s) that have been ordered and method of collection.
2. Explain the necessity, benefits, and risks of test(s) to be performed. Explain any potential risk of refusal of recommended test(s).
3. Inform patient of any advance preparation and instructions required for the test(s).